ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ENCOUNTER KEYS

MAY-JUNE, 2007

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Hemophilia Pricing

The 2nd Quarter 2007 pricing schedule for Hemophilia products are effective 4/1/2007 through 6/30/2007. Please refer to the following link: www.azahcccs.gov/Rates/Codes

Age Change

Effective with dates of service on or after January 1, 2007 the HCPCS code S0180 (Etonogestrel (contraceptive) implant system, including implants) has changed the minimum age to 10 and the maximum age to 65 and now has a rate of $555.69.

Code Change(s)

- Effective with dates of service on or after January 1, 2007 the following code S5145 (Foster care, therapeutic, child, per diem) has had a change in coverage code from 01 (Covered Service/Code Available) to 04 (Not Covered Service/Code Not Available).
- Effective with dates of service on or after March 29, 2007 the limits and frequency values have been removed from the CPT code 82803 (Gases, blood, any combination of PH, PC02, P02, C02) from the AHCCCS PMMIS reference screens RF113 (Procedure Code Indicators & Values) and RF 127 (Procedure OPFS Indicators & Values).
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- Effective for December 31, 2000 the HCPCS codes listed below have been end dated.

E1377	Oxygen concentrator, high humidity system equiv. To 244
E1378	Oxygen concentrator, high humidity system equiv. To 488
E1379	Oxygen concentrator, high humidity system equiv. To 732
E1380	Oxygen concentrator, high humidity system equiv. To 976
E1381	Oxygen concentrator, high humidity system equiv. To 1,220
E1382	Oxygen concentrator, high humidity system equiv. To 1,464
E1383	Oxygen concentrator, high humidity system equiv. To 1,708
E1384	Oxygen concentrator, high humidity system equiv. To 1,952
E1385	Oxygen concentrator, high humidity system equiv. To over

D131 Diagnosis not appropriate for the service code

The encounter pend error (D131 - Diagnosis not appropriate for the service code) is incorrectly pending non-emergency transportation services. AHCCCS is revising the edit to allow diagnosis 799.9 on non-emergency transportation, e.g., bus, taxi, and vans, provider claims. For 837P (1500) encounters, the edit will be set to soft until the edit has been modified.

072X Revenue Code (OPFS)

The 72X series of revenue codes (Labor and Delivery) has been updated in the AHCCCS Revenue Code to HCPCS Crosswalk reference table (RF773) to allow for more consistency in billing according to UB Editor Standards. In addition to the HCPCS codes listed in the UB Editor Standards, we have added HCPCS code G0378 (Hospital observation service, per hour) to the 072X Rev Codes to allow claims for observation submitted with this G-code to process in our system. Our table now mirrors the Ingenix tables except for the addition of the G0378 code. We have suggested that Ingenix add this G-code to its UB Editor for the 072X Rev Codes, but even if they do not do so we will maintain that code on our crosswalk table.

The code additions have been entered into the AHCCCS system with an effective date of 7/1/05. To the extent that you have relied on the AHCCCS Revenue Code to HCPCS Crosswalk reference file (RF773), you will need to allow for the correction of outpatient claims disallowed for valid Revenue Code-HCPCS Code combinations back to 7/1/2005, unless you have contracts with hospitals stating otherwise. We apologize for the rework that this reprocessing will cause.

Please note that there are also codes currently within the 072X Rev Code to HCPCS Code Crosswalk reference table (RF773) that will need to be removed as they are incompatible with L&D services. Code deletions will be entered as of 4/1/07 so that health plans do not have to reprocess claims already adjudicated for the purpose of denying payments that were allowed by our system at the time they were made. If you have any questions regarding these changes, please feel free to contact Rodd Mas at Rodd.Mas@azahcccs.gov

Revenue Code

Effective with dates of service on or after April 1, 2007 the HCPCS code J0583 (Injection, bivalirudin, 1 MG) can be reported with the revenue code 0636.

Indicator

The sex indictor F (Female) has been removed for HCPCS code J2792 (Injection, RHO D immune globulin, intravenous, human,) on reference screens RF113 (Procedure Code Indicators And Values) and RF127 (Procedure OPFS Indicators And Values).

Place of Service (POS)

Effective with dates of service on or after January 1, 2007 the CPT code 77080 (Dual-energy X-ray absorpti-ometry (DXA), bone density study, 1 or more sites;)) can be report with at the following POS.

05 (Indian Health Service Free-Standing)	06 (Indian Health Service Provider-Base)
07 (Tribal 638 Free-Standing Facility)	08 (Tribal 638 Provider-Based Facility)
11 (Office)	21 (Inpatient Hospital)
22 (Outpatient Hospital)	81 (Independent Laboratory)

Provider Type

Effective with dates of service on or after September 1, 2006 the CPT code 90870 (Electroconvulsive therapy (includes necessary monitoring) can be reported by provider type 02 (Hospital).

Modifier(s)

- Effective with dates of service on or after January 24, 2005 the modifier field has been added to error code V407 (Procedure cannot be concurrently billed).
- Effective with dates of service on or after January 1, 2007 the following codes can be reported with the modifiers JA (Administered Intravenous) and JB (Administered Subcutaneous):
    - Q4081 (Injection, Epoetin Alfa, 100 Units (For ESRD On Dialysis)
    - J0882 (Injection, Darbepoetin Alfa, 1 Microgram (For ESRD On Dialysis)
    - J0886 (Injection, Epoetin Alfa, 1000 Units (For ESRD On Dialysis

Error Codes

Effective with dates of service on or after March 1, 2007 the following error codes have been added to the AHCCCS PMMIS system on EC710 and EC735 screens.

U361	ICD9 proc 7 and date not both present
U362	ICD9 proc 8 and date not both present
U363	ICD9 proc 9 and date not both present
U364	ICD9 proc 10 and date not both present
U366	ICD9 proc 11 and date not both present
U367	ICD9 proc 12 and date not both present
U368	ICD9 proc 13 and date not both present
Note U365	(Occurrence date 4 after thru dos) already on the system

New Screen

The AHCCCS PMMIS system has a screen especially set up for the Alternate provider Id. This screen is PR083 (Alternative Provider Id-Search) and provides the following information:

Alternate Id.
Alternate Type (MA, MB, NP, PC--RF630 for breakdown of alternate id types)
AHCCCS provider number
Provider Name
Provider Type
Provider Type Description
Enrollment Status

Coverage

Effective with dates of service on or after January 1, 2007 the following codes now have a code of N (Noncovered by Medicare) for Medicare Coverage field on Reference screen RF113 (Procedure code indicators and values).

A9279	Monitoring feature/device, stand-alone or integrated, any type
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0273	Bitewings, three films
D0360	Cone beam CT, craniofacial data capture
D0362	Cone beam, two-dimensional image reconstruction using existing data, includes multiple images
D0363	Cone beam, three-dimensional image reconstruction using existing data, includes multiple images
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report
D1555	Removal of fixed space maintainer
D4231	Anatomical crown exposure, one to three teeth per quadrant
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant
D6092	Recement implant/abutment supported crown
D6093	Recement implant/abutment supported fixed partial denture
D7292	Surgical placement: temporary anchorage device (screw retained plate) requiring surgical flap
D7951	Sinus augmentation with bone or bone substitutes
D7998	Intraoral placement of a fixation device not in conjunction with a fracture
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers
D9612	Therapeutic parenteral drugs, two or more administrations, different medications
E0936	Continuous passive motion exercise device for use on knee only
S2344	Nasal/sinus endoscopy, surgical; with enlargement of sinus ostium opening using inflatable device
S3855	Genetic testing for detection of mutations in the presenilin, 1 gene

Home Health Nursing Visits

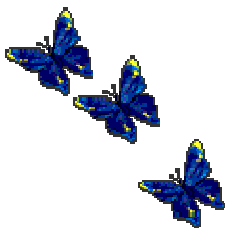
The Arizona Health Care Cost Containment System Administration has approved use of code **G0154** (Services of skilled nurse in home health setting, each 15 minutes) to report home health nursing visits. Since October 1, 2003 home health nursing visits have been reported using codes S9123 (Nursing care, in the home; by a registered nurse, per hour) and S9124 (Nursing care, in the home; by a registered nurse, per hour). Home health nursing visits are often less than one-hour in duration.

Effective with dates of service on or after October 1, 2007 home health nursing visits of 2 hours or less in duration or multiple visits that do not exceed a total of four (4) hours in one day are to be reported with HCPCS code G0154 when either a Registered Nurse or a Licensed Practical Nurse is sent. When a visit exceeds two hours in duration, or multiple visits exceed four hours in a single day, services should be billed using HCPCS code S9123 when services are provided by a RN and S9124 when services are provided by a LPN per the attached table.

The rates for code G0154 will be published by September 1, 2007 with the rates for other Home and Community Based Services that will be effective October 1, 2007. If you have any questions contact Todd Schwarz at (602)417-4487 or via e-mail at Todd.Schwarz@azahcccs.gov.

AHCCCS - Coding for Home Health Nursing

Provider Type		Intermittent - Brief Visit (Billed in 15 minute Units for visits of 2 hours or less in duration, up to a total of four hours per day)		Continuous - Hourly (Billed in Hourly Units for visits of more than two hours in duration or services exceeding four hours in a single day)	
		RN	LPN	RN	LPN
		HCPCS Code	HCPCS Code	HCPCS Code	HCPCS Code
Medicare Certified Home Health Agency	2, 23	G0154	G0154	S9123	S9124
State Certified Home Health Agency	39, 81, 95	G0154	Not Covered	S9123	S9124
Independent Nurse	46	G0154	Not Covered	S9123	S9124



AHCCCS Validator Key Updates

- As previously shared, AHCCCS awarded a contract to Foresight Corporation (www.foresightcorp.com) to provide a software solution for validation of inbound and outbound electronic data interchange (EDI) transactions. The implementation of the Foresight products is now underway and we are well into the documentation and testing phases of the initial implementation (which includes the Encounter 837 and NCPDP transactions).

  The implementation of the validator solution will improve the integrity of the data interchange with all of our partners and will provide some new tools for both the agency and the program contractors. One of these is the Foresight Community Manager, which will provide a web-based self-service testing area for the health plans to use to test their transactions in real time. This is available for both new and existing partners to test files against AHCCCS guidelines for existing transactions or new transactions or versions.

  Another tool, EDISIM, is being used for its companion guide authoring functionality, and will help AHCCCS guarantee that the documentation provided to our partners is always the most current reflection of submission requirements.

- Please note that AHCCCS does not intend to implement any new Encounter reporting requirements as a component of the Validator implementation. The intent of the Validator is to allow for the enforcement of previously unenforceable transaction and/or business rule, allowing for the upfront rejection of impacted records. Therefore, it is important that all Health Plans/Program Contractors participate in complete testing of the Validator prior to implementation. Complete Testing = No Surprises.

- In conjunction with the Validator implementation the following process changes will also be implemented:

  No ability for AHCCCS to delete files once submitted. They will be processed immediately through validation and translation. Some plans have gotten used to being able to call and ask us to pull a file out of our process. This will no longer be possible.

  997/824/TA1 changes in response generation. We currently use the 997 to mean the file was good and the 824 to mean it had errors. We will be changing to a more standard method of reporting HIPAA level 1 & 2 errors on the 997 and higher level errors on the 824.

  No ZIP files for X12 and 5.1 NCPDP transactions will be accepted.

  Directory change for pend/correct files and 3.1 NCPDP files. We are removing points of failure and simplifying our process so that files processed on the mainframe will go directly to the mainframe without moving through the EDI validation/translation process.

File name length restriction TBD. We are planning to keep the original file name throughout the process, appending a date/time stamp. We may need to restrict the length of filename sent in order to keep the name intact. We expect this will make it easier to find files through Transaction Insight.

Files submitted after cutoff time may not be processed (but no shut down of EDI processing). We will expect that files will be submitted by cutoff time as always, but we are not stopping the processing of inbound files at that time.

No rename of files on the outbound side (Rosters, etc.). The files we send back to the plans will have the filenames as created by the mainframe or other source system which created them. (This eliminates another point of failure in our processes).

Attestation (BBA Certification) – In conjunction with the Validator implementation we intend to implement a simplified BBA Encounter attestation process. The proposed process will eliminate the current email requirements and replace them with an "Attestation segment" as a component of each submitted Encounter file. Additional information and segment details will be shared in the next couple weeks.

High-level Timeline – Implementation is anticipated to begin in late summer. Additional information should be distributed in the next couple weeks.

Phase 1 of the Implementation includes Encounter submissions (837I, 837P, 837D and NCPDP 5.1). Phase 2 will include the 277U, 834, 820, and FFS claims 837 and 835 transactions.

Testing is currently open to and encouraged with all Health Plans/Program Contractors.

1. The submission of multiple TSNs in the same file will no longer be accepted. Plans must submit separate encounter files for each TSN.
2. Effective April 5, 2007 the AHCCCS new day (FAMMDDYY.ZIP, FBMMDDYY.ZIP, FCMMDDYY.ZIP, and FDMMDDYY.ZIP) proprietary files will no longer be accepted. Pend Correction Files will continue to be accepted and processed.